


Conventional or Direct Filtration

System Name: Midland Water Association							ID# 41-01139		Month/Year: August 2022	
Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading [NTU]	Peak Hourly Flow [GPM]		
1	.05	.05	.05	.05	.05	.05	.06	67		
2	.05	.05	.05	.05	.06	.06	.06	67		
3	.06	.06	.06	.06	.06	.06	.06	67		
4	.06	.06	.06	.06	.07	.07	.07	67		
5	.07	.06	.06	.06	.06	.06	.07	86		
6	.06	.06	.05	.05	.05	.05	.06	86		
7	.05	.05	.05	.05	.05	.05	.06	86		
8	.05	.05	.05	.05	.04	.04	.05	86		
9	.04	.05	.05	.05	.06	.06	.06	86		
10	.06	.04	.04	.04	.04	.04	.06	86		
11	.04	.04	.04	.04	.04	.04	.05	86		
12	.04	.04	.04	.04	.04	.04	.05	86		
13	.04	.05	.05	.05	.05	.05	.05	86		
14	.05	.05	.05	.06	.06	.06	.06	86		
15	.06	.06	.06	.06	.06	.06	.06	86		
16	.06	.06	.06	.05	.05	.05	.07	86		
17	.06	.07	.07	.07	.07	.07	.07	85		
18	.07	.07	.07	.07	.07	.07	.07	85		
19	.07	.07	.07	.06	.06	.06	.07	85		
20	.07	.07	.06	.06	.07	.07	.07	83		
21	.07	.07	.07	.07	.07	.07	.07	84		
22	.07	.08	.08	.07	.07	.07	.08	85		
23	.06	.04	.04	.04	.04	.05	.06	84		
24	.05	.04	.04	.04	.05	.05	.06	85		
25	.04	.04	.04	.04	.04	.04	.04	84		
26	.04	.04	.04	.04	.04	.04	.04	85		
27	.04	.04	.04	.04	.04	.04	.04	78		
28	.04	.04	.04	.04	.05	.05	.05	75		
29	.05	.05	.06	.06	.06	.06	.06	73		
30	.06	.06	.06	.06	.05	.05	.06	77		
31	.05	.05	.05	.05	.05	.05	.05	77		

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
Monthly Summary			
95% of Turbidity Readings ≤ 0.3 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (See Back)	All Cl ₂ residuals at entry point ≥ 0.2 mg/l?
All Turbidity Readings < 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No		<input checked="" type="radio"/> Yes / <input type="radio"/> No
All Turbidity Readings < IFE Triggers?	<input checked="" type="radio"/> Yes / <input type="radio"/> No		<input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes:		Printed Name: David Burch	
		Signature: 	Date: 9-4-22
		Phone #: (503) 858-0259	Cert#:

OHA - Drinking Water Program – Surface Water Quality Data Form - Giardia Inactivation

Name: Midland Water

ID #41: 01139

WTP: Month/Year: August 2022

Log Requirement (Circle One): 0.5 1.0

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1 / 7P	.90	80	72	17	8.3	35	Y	67
2 / 8P	.91	80	73	17	8.3	35	Y	67
3 / 8P	.88	80	70	18	8.3	35	Y	67
4 / 8P	.87	80	70	17	8.4	35	Y	67
5 / 8P	.91	62	57	17	8.3	35	Y	86
6 / 8P	.88	62	55	17	8.2	35	Y	86
7 / 9P	.89	63	56	16	8.2	35	Y	86
8 / 9P	.88	62	55	16	8.2	35	Y	86
9 / 9P	.90	62	56	16	8.3	35	Y	86
10 / 8P	.91	62	57	16	8.3	35	Y	86
11 / 7P	.90	62	56	17	8.2	35	Y	86
12 / 7P	.89	62	56	17	8.3	35	Y	86
13 / 7P	.91	62	57	16	8.3	35	Y	86
14 / 7P	.89	62	56	16	8.3	35	Y	86
15 / 8P	.91	62	57	17	8.2	35	Y	86
16 / 8P	.88	63	55	17	8.2	35	Y	86
17 / 8P	.90	63	57	16	8.2	35	Y	85
18 / 8P	.91	63	58	17	8.2	35	Y	85
19 / 7P	.87	63	55	17	8.3	35	Y	85
20 / 8P	.89	64	57	17	8.3	35	Y	83
21 / 8P	.88	64	56	18	8.2	35	Y	84
22 / 7P	.92	63	58	18	8.2	35	Y	85
23 / 7P	.90	64	57	17	8.3	35	Y	84
24 / 7P	.88	63	56	16	8.3	35	Y	85
25 / 8P	.89	64	57	16	8.2	35	Y	84
26 / 7P	.91	63	57	17	8.2	35	Y	85
27 / 8P	.90	69	62	17	8.3	35	Y	78
28 / 8P	.89	72	64	17	8.2	35	Y	75
29 / 8P	.91	73	67	17	8.1	35	Y	73
30 / 8P	.90	69	62	16	8.1	35	Y	77
31 / 8P	.92	69	64	17	8.2	35	Y	77

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours

Revised September 2016

Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf

Return by 10th of following month by email, fax, or mail to:
 dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350